SAO 440 (Rev. 8/01) Summons in a Civil Action

| RETURN OF SERVICE | | | | |
|---|--|--|--|--|
| DATE 2/11/08 | | | | |
| TITLE Local Connetons | | | | |
| d of service | · | | | |
| Check one box below to indicate appropriate method of service Served personally upon the defendant. Place where served: | | | | |
| ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. | | | | |
| complaint were left: | | | | |
| | | | | |
| 粒 Other (specify): Certified Mail No. 7006 3450 0003 3097 3086 | | | | |
| TEMENT OF SERVICE FEES | TOTAL | | | |
| | TOTAL \$0.00 | | | |
| CLARATION OF SERVER | | | | |
| gnature of Server MILLER, CURTIS & WEISBROD, P.O. BOX 821329 DALLAS, TX 75382-1329 | L.L.P. | | | |
| | 2/11/08 TITLE Legal Secretary dof service where served: ghouse or usual place of abode with a person of secomplaint were left: 10. 7006 3450 0003 3097 3086 TEMENT OF SERVICE FEES CLARATION OF SERVER The laws of the United States of America that the of Service Fees is true and correct. MILLER, CURTIS & WEISBROD, P.O. BOX 821329 DALLAS, TX 75382-1329 | | | |

| AO 440 (Rev. 8/01) Summons in a Civil Action | | | |
|---|-------------------------------------|-------------------------------|---|
| United Sta | TES DIS | TRICT (| Court |
| Southern | District of | | New York |
| JOYCE LUETTICKE | | | |
| | | SUMM | ONS IN A CIVIL ACTION |
| V. PROCTER & GAMBLE PHARMACEUTICALS, INC., AND AVENTIS PHARMACEUTICALS, INC. | CASE | 08. | CV 0889 |
| TO: (Name and address of Defendant) Aventis Pharmaceuticals, Inc. 200 Crossing Boulevard | | | |
| Bridgewater, NJ 08807 YOU ARE HEREBY SUMMONED and rec Miller, Curtis & Weisbrod 11551 Forest Central Drive, Su Dallas, Texas 75243 | | on PLAINT | TFF'S ATTORNEY (name and address) |
| an answer to the complaint which is served on you wo fithis summons on you, exclusive of the day of servi for the relief demanded in the complaint. Any answer Clerk of this Court within a reasonable period of times. | ice. If you fail ver that you se | to do so, jud rve on the p | igment by default will be taken against you |
| J: MICHAEL McMAHON CLERK Whates Quintero (By) DEPUTY CLERK | DATE | | JAN 2 4 2008 |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X |
| Corporation Service Company 80 State Street | FEB 1 1 2388 |
| Albany, NY 12207-2543 347956 KW 2/8/08 27MCW1457 Luetticke | 3. Service Type Certified Mail Registered Insured Mail C.O.D. C.O.D. Restricted Delivery? (Extra Fee) |
| 2. Article 7006 3450 0003 3097 | |
| PS Form 3811, February 2004 Domestic Retu | um Receipt 103505.03.14.164 |

